

Foster Family Home - Corrective Action Report

Provider ID: 1-559130

Home Name: Mercedita Morgia, CNA

41-519 Inoa Street

Waimanalo

HI 96795

Review ID: 1-559130-5

Reviewer: David Ayling

Begin Date: 9/18/2019

Foster Family Home **Required Certificate** **[11-800-6]**

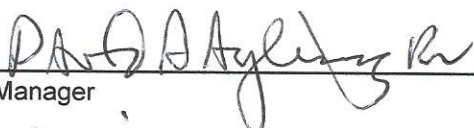
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/18/19.

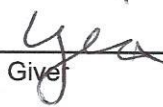
6.(d)(1) -

Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager

Date

9/18/19


Primary Care Giver

Date

09/18/2019